3742

03730

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glenelg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glenelg
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) CHRISTINE (Middle) CAROL (Last) BROWN

4. DATE OF DEATH (Month) 4-7-55 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 12-8-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 3 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Meade Hos.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Morris Bladen Brown

14. MOTHER'S MAIDEN NAME: Dollie Virginia Riely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Dollie Brown, Glenelg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 382.2

Immediate cause (a) OTITIS MEDIA - BILATERAL and INTERSTITIAL PNEUMINIA

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE George E Burgtorf M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 4-11-55

NAME OF CEMETERY OR CREMATORY LINTHICUM CHAPEL

LOCATION (City, town, or county) (State) CLARKSVILLE, Md.

DATE REC'D BY LOCAL REG. 4-11-55

REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR E. C. HIGINBOTHOM, ELLICOTT CITY

ADDRESS Md

20V4162415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05668

CERTIFICATE OF DEATH

Reg. Dist. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lisbon
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mount Airy
STREET ADDRESS (If rural, give location): Buffalo Road

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Virginia (Last) Clary

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-17-1879

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music Teacher - piano

10b. KIND OF BUSINESS OR INDUSTRY: Teaching

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Weedon Clary

14. MOTHER'S MAIDEN NAME: Sarah VanSant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Monroe Clary, Lisbon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Massive Hemorrhage	3 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Cervix with metastases	About 1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

171X

19a. DATE OF OPERATION: Jan. 6 & 20, 1955 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cervix - metastases pelvis + Abdomen

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1954, to April, 1955, that I last saw the deceased alive on April 1, 1955, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE: W B Culwell — (Degree or title): M.D. — ADDRESS: Mt. Airy, Md — DATE SIGNED: April 30, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5-3-1955 — NAME OF CEMETERY ~~OR CREMATORY~~: Prospect — LOCATION (City, town, or county) (State): Frederick Co. Md.

DATE REC'D BY LOCAL REG. 5-2-1955 — REGISTRAR'S SIGNATURE: C Pearl Mercer

24. FUNERAL DIRECTOR: C. M. Waltz — ADDRESS: Winfield, Md.

MARYLAND

03732

STATE DEPARTMENT OF HEALTH

3743

CERTIFICATE OF DEATH

Reg. Dist. No. 19-5

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: HOWARD	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND COUNTY: HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WOODSTOCK X	LENGTH OF STAY (in this place): 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 GROOMES LANE.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WOODSTOCK X
	STREET ADDRESS (If rural, give location): GROOMS LANE /

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	NONA	ELIZADETH	CRUM	APR.	26	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hr: Hours	Min
F	W	MARRIED	11-16-1882	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	LAUREL MD.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE BAER	UNK -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NO	FRANK CRUM WOODSTOCK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4-43X Immediate cause	(a) LEFT CARDIAC FAILURE (PULMONARY EDEMA)	12 HRS
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (260X)	(b) CEREBRO VASCULAR ACCIDENT	2 MO.
	(c) HYPERTENSIVE CARDIOVASCULAR DISEASE	YRS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DIABETIS MELLITUS — 14 YRS.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 15, 1954, to Apr. 26, 1955, that I last saw the deceased alive on APR. 26, 1955, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

X W. Houck Jr. M.D. RANDALLSTOWN MD

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4-26-55	MT. OLIVET	FREDERICK MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 27, 1955	Alice M Hebb.	Luther H. Haight	Lykesville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3744 03732

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
   - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Savage
   - LENGTH OF STAY (in this place) 7yrs
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS Mission Rd.
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
   - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Savage
   - STREET ADDRESS (If rural give location) Mission Rd - Jessup (P.O.)
3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Dean Sr
4. DATE OF DEATH: (Month) April (Day) 8th (Year) 1955
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 15-1867
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months – Days. IF UNDER 24 HRS.: Hours – Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired: Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Laurel Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Crowden Dean

14. MOTHER'S MAIDEN NAME: Susan Ann Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: William Edward Dean Jr.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2		
Immediate cause	(a) Ac. Congestive Cardiac Failure	24 hrs.
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chr. Myocarditis	5 yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1949, to April 8th, 1955, that I last saw the deceased alive on April 8, 1955, and that death occurred at 9 30 P., from the causes and on the date stated above.

SIGNATURE Frank Shipley, M.D. (Degree or title) ADDRESS Savage, Md DATE SIGNED 4/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 11-1955 NAME OF CEMETERY OR CREMATORY Ivy Hill LOCATION (City, town, or county) (State) Laurel Md.

DATE REC'D BY LOCAL REGISTRAR 4/9/55 REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR DeWitt Donaldson ADDRESS Laurel Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03734

3745

CERTIFICATE OF DEATH

Reg. Dist. No. 171...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ellicott City
LENGTH OF STAY (in this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS /X Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, Md. 03X-2
STREET ADDRESS (If rural give location) Windsor Mill Road ✓

3. NAME OF DECEASED: (Type or Print) (First) Ferdinand (Middle) C. (Last) Eitemiller, Sr.

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: February 28, 1886

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer

10B. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Woodlawn, Balto, Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ferdinand C. Eitemiller

14. MOTHER'S MAIDEN NAME: Wilhelmina Schroader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Carrie O Eitemiller Windsor Mill Road, Baltimore, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Thrombosis — 4 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral arteriosclerosis — 5 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14 19 55 to April 24 19 55 that I last saw the deceased alive on April 24, 19 55 and that death occurred at 6 P.M, from the causes and on the date stated above.

SIGNATURE David J. Taylor M. D. ADDRESS Taylor Manor Hospital DATE SIGNED April 24, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF April 27, 55

NAME OF CEMETERY OR CREMATORY Mt Olive

LOCATION (City, town, or county) Woodlawn, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 4-25-55

REGISTRAR'S SIGNATURE A W Hadsell Asst

24. FUNERAL DIRECTOR F.B. Wippert, ADDRESS 1300 Eutaw Place

3746 03735

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Orchard Route 40 East Bound Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt Airy
STREET ADDRESS (If rural, give location) R F D 2

3. NAME OF DECEASED: (Type or Print) (First) TRUMAN (Middle) ASA (Last) FRANKLIN

4. DATE OF DEATH (Month) (Day) (Year) 4-22-1955 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5-23-1907	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm	Farm Owner	Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Wm. Franklin	? Koontz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	219-26-3144	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812X

Immediate cause (a) Fracture of Skull — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple fractures and abrasions

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway #40	21c. (City or town) Pine Orchard Ellicott City	(County) Howard	(State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
4-22-1955 10.30 P.M.		Pedestrian struck by tractor-trailer

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burton M. D. Ellicott City, Md.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-22-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-25-55	Taylorsville	Taylorsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/25/1955	John B. Langhaus.	C.M. Waltz,	Winfield, Md.

Per B. E. L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3747

03736

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Elkridge
LENGTH OF STAY (in this place): 1 Month.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lawyers Hill Road.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3401-4
STREET ADDRESS (If rural, give location): 32 N. Bernice Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Matilda (Last) Gernhart

4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 12/29/96

9. AGE last birthday: 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clifton Ziegler

14. MOTHER'S MAIDEN NAME: Margaret Weedon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Box 32L Mrs. Helen Laynor Lawyers Hill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X

Immediate cause (a) Generalized Carcinomatosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CA Rt Breast.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1955, to 4/23, 1955, that I last saw the deceased alive on 4/23, 1955, and that death occurred at 3:30A m., from the causes and on the date stated above.

SIGNATURE: John C. Healy (Degree or title) MD ADDRESS: Catonsville, Md DATE SIGNED: 4/23/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-26-55 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county): Baltimore, (State) Md.

DATE REC'D BY LOCAL REG. 4/27/55 — REGISTRAR'S SIGNATURE: (Miss) L. Bird Williams, Registrar

24. FUNERAL DIRECTOR: George L. Schwab — ADDRESS: 2101 Frederick Ave. Balto., Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3748 03737

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 Fells Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) 21 Fells Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JEFFERY		HAMMOND	April	19	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Single	Feb. 9, 1954	1 yr. 3 mos.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
	None	Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Cornelius Hammond	Beverly Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Beverly Hammond, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X
Immediate cause (a) Bronchopneumonia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
		Partial

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Howard M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 4/20/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/20/55	Fuller Family Cemetery	Howard Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 20, 1955	John B. Leighman. Pu. B. E. L.	Easton Sons	Ellicott City, Md.

ah

VS. A15A - 5 - 53

03738

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3749

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ellicott City
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS IX Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 3319 Liberty Heights Ave.

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Willard (Last) Jones

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: May 10, 1908
9. AGE last birthday: 46 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Coal Booker
11. BIRTHPLACE (State or foreign country): Wilkesbarre, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse Willard Jones
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
307X IMMEDIATE CAUSE	(A)	Bronchial pneumonia	1 day
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)	Delerium Tremens	2 days
DUE TO	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pathological alcoholic intoxication — wks

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 19 55 to Apr 22, 19 55 that I last saw the deceased alive on Apr. 22, 19 55, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE: Irving J. Taylor M.D
ADDRESS: Taylor Manor Hospital
DATE SIGNED: April 22, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: Apr 24/55
NAME OF CEMETERY OR CREMATORY: Hanover Greens
LOCATION (City, town, or county) (State): Hanover Township Pa

DATE REC'D BY LOCAL REGISTRAR: April 23. 1955
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: H. Jenkins Sons
ADDRESS: 4905 York Rd

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3750

03739

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Fells Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; STREET ADDRESS (If rural, give location) X Fells Ave. 1

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) (Last) MATTHEWS

4. DATE OF DEATH: (Month) Apr. (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: About 1875

9. AGE last birthday: ? 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Basil Matthews

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Carrie Matthews, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1 Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) —

(c) Arteriosclerotic Cardio-Vascular Disease — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6/52, to 4/15/55, that I last saw the deceased alive on 4/14/55, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: William F. Sweeney (Degree or title) M.D. ADDRESS: Ellicott City, Md. DATE SIGNED: 4/15/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 4-18-55 | NAME OF CEMETERY OR CREMATORY: Locust Chapel | LOCATION (City, town, or county) (State): Simpsonville, Md

DATE REC'D BY LOCAL REG.: April 18, 1955 | REGISTRAR'S SIGNATURE: John B. Leughman. Per. B.E.L. | 24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03740

3751

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give street address or location) OR Church Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3701-4
STREET ADDRESS (If rural give location) 1541 Northwick Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) ELSIE (Middle) C. (Last) RODEKURT

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Oct. 14, 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never worked
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Mr. C. W. Rodekurt - 1541 Northwick Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Right Hemiplegia - Probably
ANTECEDENT CAUSE (S) DUE TO Thrombosis.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1955, to April 23 1955 that I last saw the deceased alive on April 22, 1955, and that death occurred at 8 A M, from the causes and on the date stated above.
SIGNATURE Robert B. Taylor M. D. ADDRESS 700 Cathedral St DATE SIGNED 4-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/26/55
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 4-25-55
REGISTRAR'S SIGNATURE H. W. Hedrick Dep
24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03741

3752

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ellicott City
LENGTH OF STAY (in this place) 61 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS OD Columbia Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City, Md. X 1
STREET ADDRESS (If rural give location) Columbia Pike

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) M. (Last) WOSCH

4. DATE OF DEATH (Month) April (Day) 1, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Sept. 8, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles W. Betts

14. MOTHER'S MAIDEN NAME: Sarah A. Holden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. C. H. Cook Columbia Pike Ellicott City, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

IMMEDIATE CAUSE (A) Acute Pulmonary Edema

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary artery disease

DUE TO

(C) Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1955, to April 1, 1955, that I last saw the deceased alive on April 1, 1955, and that death occurred at 8:30 M, from the causes and on the date stated above.

SIGNATURE AND M.D. Robert B Taylor ADDRESS Ellicott City Md DATE SIGNED 4-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 4/4/55 | NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery | LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR: April 3, 1955 | REGISTRAR'S SIGNATURE: John B. Loughran. Per B.E.S.

24. FUNERAL DIRECTOR: Easton Sons ADDRESS: Easton Sons Catonsville, Md.